



## **PROPERTY LOSS NOTICE**

**DATE (MM/DD/YYYY)**

8/15/2013

AGENCY	PHONE (A/C, No, Ext) (405) 843-9191	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME		X	AM	PREVIOUSLY REPORTED	
PROFESSIONAL INSURORS, LLC 7301 N. Broadway Suite 200 Oklahoma City OK 73116			5/31/2013	12:00		PM	YES	NO
		POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE		POLICY DATES	
		PROP/ HOME	CO Aspen Specialty Insurance				EFF 8/20/2012	
			POL PRAAJM212					
FAX (A/C, No) (405) 843-9190		FLOOD	CO				EFF	
E-MAIL ADDRESS cmiller@pi-ins.com			POL				EXP	
CODE 350249		WIND	CO				EFF	
SUB CODE			POL				EXP	
AGENCY CUSTOMER ID 00003864								

**INSURED**

NAME AND ADDRESS OF INSURED  Charles A Shadid, Individual 1901 Classen Boulevard Oklahoma City OK 73106		DATE OF BIRTH  SOC SEC # OR FEIN	NAME AND ADDRESS  Charles A Shadid
RESIDENCE PHONE (A/C, No)  (405) 525-6671	BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)  525-6671
CELL PHONE (A/C, No)	E-MAIL ADDRESS		BUSINESS PHONE (A/C, No, Ext)  (405) 525-6671
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	CELL PHONE (A/C, No)  E-MAIL ADDRESS
		SOC SEC # OR FEIN	WHERE TO CONTACT

## **LOSS**

LOCATION OF LOSS	00008 Lakeshore SC - see spreadsheet Oklahoma City OK 73132					POLICE OR FIRE DEPT TO WHICH REPORTED
KIND OF LOSS	<input type="checkbox"/> FIRE <input checked="" type="checkbox"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND	<input checked="" type="checkbox"/> X OTHER (explain) Storm Damage	PROBABLE AMOUNT ENTIRE LOSS	
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)						
Lakeshore Shopping Center, 5821-5825 W Wilshire and 7902-7930 N MacArthur, Oklahoma City, OK 73132- Storm damage						

**POLICY INFORMATION**

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<b>MORTGAGEE</b>					
<input type="checkbox"/> NO MORTGAGEE					
<b>HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D &amp; additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)</b>					
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED  ON
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> COVERAGE A. EXCLUDES W ND SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)

**FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)**

ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	BLDG <input type="checkbox"/> CNTS <b>X Business</b>	105,824	0	25,000	Special form
	BLDG <input type="checkbox"/> CNTS <b>X Wind or</b>		0	50,000	Wind or Hail
	BLDG <input type="checkbox"/> CNTS				

**SUBJECT TO FORMS**  
(Insert form numbers  
and edition dates,  
special deductibles)

Special Deductibles												
Flood Policy	Building		Deductible		Zone	Pre Firm		Diff in Elev		Form Type	General Dwelling	Condo
	Contents		Deductible			Post Firm						
Wind Policy	Building	Deductible	Contents	Zone	Form Type	General Dwelling		Condo				

**REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY**

CAT #	FICO #	ADJUSTER ASSIGNED			
REPORTED BY		REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF POLICYHOLDER	EXHIBIT 3
Charles Shadid		Kelly W/Jason			NED